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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/562,526			ling Date 19/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A	300
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A	]	N/A		]	N/A	500
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A		]	N/A	200
TOTAL CLAIMS (37 CFR 1.16(i))			mir	us 20 = *		1	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s	heets of pap s \$250 (\$125 dditional 50	rings exceed 100 tion size fee due by) for each tion thereof. See 87 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									J		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	1000
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	05/19/2006	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 20	Minus	<b></b> 20	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$200=	0
Ĭ	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	•	Minus		=	]	x \$ =		OR	x \$ =	
Δ	Independent (37 CFR 1,16(h))		Minus	***	-	]	x \$ =		OR	x s =	
Ш	Application Size Fee (37 CFR 1.16(s))					]			]		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
								·	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  " If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the bet 2 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.